## EXHIBIT B – FINANCIAL PROPOSAL FORM

## FINANCIAL PROPOSAL FORM

The Financial Proposal shall contain all price information in the format specified on these pages. Complete the Financial Proposal Form only as provided in the Financial Proposal Form format. Do not amend, alter or leave blank any items on the Financial Proposal Form. If option years are included, Offerors must submit costs for each option year. Failure to adhere to any of these instructions may result in the financial proposal being determined non-responsive and rejected by the Department.

Price is based on Section III of the RFP at a Total Cost of: \$\_\_\_\_\_.

| Line Item |                            | Qty | <b>Unit Cost</b> | <b>Total Cost</b> |
|-----------|----------------------------|-----|------------------|-------------------|
| A.        | Salary                     |     |                  |                   |
| B.        | Fringe                     |     |                  |                   |
| C.        | Other: [Specify]           |     |                  |                   |
| D.        | Other: [Specify]           |     |                  |                   |
| E.        | Other: [Specify]           |     |                  |                   |
| F.        | Other: [Specify]           |     |                  |                   |
| G.        | Indirect Costs             |     |                  |                   |
|           |                            |     |                  |                   |
| TOTA      | TOTAL COST (A+B+C+D+E+F+G) |     |                  |                   |

## IDC % CAP Indirect Costs may not exceed 10% of Total Direct Costs

| Submitted By:                                   |                   |  |
|---|-------------------|--|
| Authorized Signature:                           | Date:             |  |
| Printed Name and Title:                         |                   |  |
| Company Name:                                   |                   |  |
| Company Address:                                |                   |  |
| Location(s) from which services will be perform | ned (City/State): |  |
| FEIN:   |                   |  |

| eMMA #:       |
|---------------|
| Telephone: () |
| Fax: ()       |
| E-mail:       |